



165214  
17  
Docket No.: PF-0634 USN

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 30, 2003.  
By: [Signature] Printed: Lyza Fimiliar

165214  
17  
RECEIVED  
JUL 09 2003  
TECH CENTER 1800/2800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Tang et al.

Title: HUMAN HYDROLASE PROTEINS

Serial No.: 09/831,455 Filing Date: May 08, 2001

Examiner: Steadman, D. Group Art Unit: 1652

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Response to Restriction Requirement (13 pp.);
- 3. Information Disclosure Statement (2 pp.);
- 4. List of References Cited PTO-1449 (2 pp.);
- 5. Twelve (12) References; and
- 6. Certificate of Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below.

| Claims  | Claims After Amendment | - | Claims Previously Paid For | = | Present Extra | Other Than Small Entity Rate | Fee   |    | Additional Fee(s) |
|---|------------------------|---|----------------------------|---|---------------|------------------------------|-------|----|-------------------|
| Total   | 25                     | - | 20                         |   | 5             | x\$18.00                     | 90.00 | \$ | 90.00             |
| Indept.   | 3                      | - | 3                          |   | 0             | x\$84.00                     | 0     | \$ | 0                 |
| First Presentation of Multiple Dependent Claims |                        |   |                            |   |               | +280.00                      | 0     | \$ | 0                 |
| Total Fee:                                      |                        |   |                            |   |               |                              |       | \$ | 90.00             |

X Please charge Deposit Account No. 09-0108 in the amount of : \$ 90.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION

Date: June 30, 2003

[Signature]  
Jenny Buchbinder  
Reg. No. 48,388  
Direct Dial Telephone: (650) 843-7212

3160 Porter Drive  
Palo Alto, California 94304  
Phone: (650) 855-0555  
Fax: (650) 845-4166

